

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9623</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Anthony J Speziale</u> P O Box Bldg Room No if any Street <u>26 Stonewall Lane</u> City <u>Wallkill</u> State <u>New York</u> ZIP Code + 4 <u>12589</u>	4 Name file number and address of labor organization Name <u>I U P A T District Council No 9 AFL-CIO</u> Labor Organization File Number <u>006-770</u> P O Box Building and Room Number if any Street <u>45 West 14th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10011-7419</u>
5 Position in labor organization <u>Business Agent</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7.a Nature of Interest Transaction or Income None 7.b Amount \$0

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>[Signature]</u>	On <u>8/8/05</u> Date <u>(212) 255-2950</u> Telephone Number

Name of Person Filing Anthony Speziale	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b> Name Koehler & Issacs LLP Trade Name if any P O Box, Bldg Room No if any 25th Floor Street 61 Broadway City New York State New York ZIP Code + 4 10006	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	<b>11 a Nature of such dealing</b> Fees paid for legal services for calendar year 2004  <b>11 b Approximate dollar value of such dealing</b> \$149 189 <b>12 a Nature of interest held or income received</b> Holiday gift  <b>12 b Amount.</b> \$75

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>14 a Nature of payment.</b> None
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment</b> \$0

Name of Person Filing **Anthony Speziale**

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## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name **Union Labor Life Insurance Company**

Trade Name if any

P O Box Bldg Room No If any

Street **451 Park Avenue South**City **New York**State **New York**ZIP Code + 4 **10016**

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name **Union Labor Life Insurance Company**

Trade Name if any

P O Box Bldg Room No If any

Street **451 Park Avenue South**City **New York**State **New York**ZIP Code + 4 **10016**

## 11 a Nature of such dealing

**Amounts paid to insurance carrier provding health insurance benefits for the calendar year 2004**

## 11 b Approximate dollar value of such dealing

**\$8 707 288**

## 12 a Nature of interest held or income received

**Dinner meeting with representative of health insurance provider**

## 12 b Amount

**\$60**

Name of Person Filing Anthony Speziale

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## Part B Continuation Page

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## 8 Name and address of Business (including trade name if any)

Name CitiGroup Markets Inc

Trade Name if any The Oak Group

P O Box Bldg Room No if any

Street 2678 South Road

City Poughkeepsie

State New York

ZIP Code + 4 12601

## 10 If 9 b or 9 c. is checked give trust or employer's name

Name CitiGroup Markets Inc

Trade Name if any The Oak Group

P O Box Bldg Room No if any

Street 2678 South Road

City Poughkeepsie

State New York

ZIP Code + 4 12601

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 11 a Nature of such dealing

Amounts paid to investment manager for the calendar year 2004

11 b Approximate dollar value of such dealing

\$618

## 12 a Nature of interest held or income received

Holiday gift

12 b Amount

\$50